



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID #

0051169

OFFICE USE ONLY

PLJ

STATEMENT DATE August 02, 2005		TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)	
3. FULL NAME OF COMMITTEE Committee To Elect John Paul Frisella					
4. COMMITTEE MAILING ADDRESS ADDRESS: 2525 January Ave CITY / STATE / ZIP : St. Louis MO 63110				5. TELEPHONE NUMBER 314-646-8080	
6. TREASURER'S NAME John Paul Frisella					
7. TREASURER'S MAILING ADDRESS ADDRESS: 2525 January Ave CITY / STATE / ZIP : St. Louis MO 63110				8. TELEPHONE NUMBER HOME: 314-771-9888 WORK: 314-646-8080	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP :				11. TELEPHONE NUMBER HOME: WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION US Bank 5375 Southwest Ave St. Louis MO 63110 B. ACCOUNT NAME The Committee To Elect John Paul Frisella C. ACCOUNT NO. 152304080376					
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) A. NAME John Paul Frisella B. ADDRESS 5136 Bischoff St. Louis MO 63110 C. TELEPHONE NO. 314-771-9888 POLITICAL PARTY Democrat					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) John Paul Frisella B. ELECTION DATE 08-08-06 C. OFFICE SOUGHT State Representative D. POLITICAL SUBDIVISION 65th District CHECK ONE E. SUPPORT <input checked="" type="checkbox"/> F. OPPOSE <input type="checkbox"/>					
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) B. ELECTION DATE C. SUBJECT AND POLITICAL SUBDIVISION CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>					
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. TREASURER'S SIGNATURE			17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. CANDIDATE'S SIGNATURE		

MISSOURI ETHICS
COMMISSION

AUG 03 2005